

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

TO THE

GRIMSBY

Rural District Council,

FOR THE YEAR 1911,

BY

G. O. McKANE,

MEDICAL OFFICER OF HEALTH.

GRIMSBY :

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1912.

Grimsby Rural District Council.

WALTHAM,

GRIMSBY,

FEBRUARY 28TH, 1912.

To the Chairman and Members of the Grimsby Rural District Council.

GENTLEMEN,

I beg to submit for your consideration my Annual Report for the year ended December 31st, 1911.

In accordance with the Order of the Local Government Board, I have systematically inspected my District during the year, as well as at other times when my attention has been called to any condition likely to affect the public health.

(a.) NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

1. The whole of the District, with the exception of a small part, is very flat and sparsely populated, with one or two exceptions. Up to within a short time ago the District was entirely Agricultural, but in consequence of the construction of a large Dock at Immingham, which is now near completion, both at Immingham and Little Coates, which is contiguous to the Borough of Grimsby, a large number of houses have been built for the accommodation of the dock labourers. With few exceptions the inhabitants of the District are well housed and fairly prosperous.

2. OCCUPATION OF INHABITANTS.—With the exception of Immingham and Little Coates, the chief occupation of the inhabitants is farming. According to the Census returns for 1911, in most of the Parishes comprising the District there has been an increase of population since 1901—in some a slight increase, and in some a slight decrease, but in Immingham the increase is from 241 in 1901 to 2605, and in Little Coates from 83 to 1866—the majority of these workers being occupied at Immingham Dock and at a Paper Factory in Little Coates, whilst some work at various trades in the Borough of Grimsby.

(b) SANITARY CIRCUMSTANCES OF THE DISTRICT.

WATER SUPPLY.—The Parishes in the immediate vicinity of Great Grimsby are supplied from the Grimsby Waterworks, the supply being of an excellent quality and constant. In the more remote villages the general supply is by means of Artesian and Surface Wells, and is, on the whole, sufficient, wholesome, and free from risks of pollution. There are, however, some isolated houses, the inhabitants of which have no water supply and who have to go some distance to a surface well for it.

I have only been requested to examine 3 samples of water during the year. I found 2 good and wholesome and the other contaminated with vegetable matter, and reported the same to the Council.

RIVERS AND STREAMS.—No notice of pollution of these have been brought to my notice.

SEWERAGE.—With the exception of Immingham, parts of Little Coates and Humberstone, the cesspool and irrigation methods obtained.

DRAINAGE.—AT HUMBERSTONE AVENUE, part of Humberstone Parish (which has become quite a residential neighbourhood), a Scheme of Sewerage and Sewage disposal has been completed.

That part of LITTLE COATES, close to the Borough of Grimsby, is a totally water-carriage district ; every house is well drained, the sewers being connected with the Pyewipe Culvert, a large Culvert used in common with the Grimsby Corporation, the contents of the same being discharged into the Humber.

At IMMINGHAM there is at present a scheme for the sewerage and disposal of the sewage. As the cost of this will exceed the whole of the assessable value of the Parish for two years, I am afraid the Local Government Board will not allow a loan to be obtained. The Council therefore have instructed their Engineer, Mr. Hobson, to prepare a small scheme, which is now in course of construction, and which will satisfactorily deal with, and provide, the sewage accommodation necessary for the next two or three years, and eventually will link up with a larger scheme.

I think it is very important that *some* sewage scheme should be carried out without any delay here, as the population is fast increasing ; their being, as I have stated, 2,605

inhabitants at the Census of 1911, as against 241 at the Census of 1901.

CLOSET ACCOMMODATION.—With the exception of that part of the Parish of Little Coates which adjoins the Borough of Grimsby, the pail and box system obtain in the district. The boxes are emptied when necessary, the contents mixed with ashes and used as manure, either in the fields or in the gardens. In the part of the Parish of Little Coates, mentioned above as being a totally water-carriage district, there are only water-closets, each closet having a proper flushing apparatus, and being well supplied with water.

SCAVENGING.—The Council are responsible for the collection and disposal of house-refuse in the Little Coates and Immingham Parishes. The system works well, particularly in the Little Coates Parish, owing to it being a water-closeted area, and the portable bin system being in operation. The earth closets, privies, ashpits and cesspools are emptied and cleaned by the respective owners and occupiers.

SANITARY ADMINISTRATION OF THE DISTRICT.—There is no isolation hospital in the district—all cases are sent to the Borough of Grimsby Isolation Hospital who charge so much per week. There is no hospital for tuberculosis. The Council and Cleethorpes Urban District Council have not yet settled definitely as to erecting a joint isolation hospital—the matter being still under consideration.

PLACES OVER WHICH THE COUNCIL HAS SUPERVISION.

These comprise slaughter-houses, dairies and cowsheds, bakehouses, factories and workshops. All these have been systematically inspected, and have been found, generally, to be in a cleanly and good sanitary condition.

The largest Factory in the district is Dixon's Paper Manufactory—this employs 150 men and 15 women. I inspected it three times during the year, and found on each visit that the Factory Act had been complied with, that the Sanitary conveniences were arranged in accordance with the Act as to sex, and were clean and in good order.

SCHOOLS.—I have during the year visited the Schools in my district, and have found them to be, as a rule, in a good sanitary condition, and with a good water supply close at

hand. My remarks on the prevention of the spread of infectious diseases in school children, will be found in my comments on Table II. I have found it necessary to advise, and have asked the Clerk to the Council to issue the usual notices for, the closing of East Ravensdale School, owing to an outbreak of diphtheria, in November, and Scartho Council School for measles in December.

The outbreak of diphtheria was reported on fully to the Council and copies sent to the Local Government Board, and the Lindsey County Council on November 7th.

The arrangements for the Medical Inspection of School Children are in the hands of the County Medical Officer of Health.

MILK SUPPLY.—This is good and wholesome. The dairies and cowsheds have been inspected both by myself and by the Sanitary Inspector several times during the year, and, generally speaking, I have found them clean and well looked after. Where anything was not as I liked it I found no difficulty in getting the matter attended to promptly.

OTHER FOODS.—A quantity of meat has been condemned as unfit for consumption by the Sanitary Inspector during the year.

HOUSING.—With the exception of some of the houses quite in the country and which have not yet been examined and reported on by the Officer appointed for that purpose, by the Council, the houses in the district have cleanly surroundings, and a sufficiency of open space. I have not had reported to me any cases of overcrowding. The erection of all new houses built in the district are supervised by the Council's Sanitary Surveyor who certifies each one as fit for habitation before it is occupied.

HOUSE ACCOMMODATION.—There have been, during the year, 106 new houses certified as fit for habitation, compared with 1910 a decrease of 18, distributed in the various Parishes, as follows, viz. :—Little Coates, 12; Immingham, 56; Scartho, 17; Great Coates, 5; Healing, 5; Laceby, 3; Habrough, 2; Brigsley, 1; Stallingborough, 1; Humberstone, 2, and Waltham 2.

All these new houses are properly drained, have a sufficiency of open space about them, an ample supply of good water, have cleanly surroundings, and have been erected under the supervision of the Sanitary Surveyor, who has certified them as fit for habitation.

HOUSING AND TOWN PLANNING ACT, 1909.

Number of houses inspected by Officers appointed by my Council, over	200
Official reports to Council	73
Dwelling-houses closed voluntarily by owner, after inspection	2
Cottages practically reconstructed	2
Cottages extensively repaired, new drainage and sanitary conveniences, step-ladders abolished and new stairs provided ...	6
Cottages repaired generally, brickwork, plastering and drainage	6
Statement of work performed by Sanitary Inspector as supplied by him in accordance with Art. XX. (16)—	
Inspection of premises, <i>re</i> nuisances	571
Inspection of Cowsheds	182
Visits <i>re</i> infectious diseases	72
Visits to slaughter-houses, butchers' shops, and other food stores	82
Inspection of factories, workshops and bake-houses	60
Visits <i>re</i> works in progress	183
Visits to Immingham Dock and inspection of ships	81
Inspection of schools	15
Visits <i>re</i> water supply	11
Number of nuisances reported	140
Number of nuisances abated	129
Nuisances outstanding	11
Informal notices served	116
Statutory notices served	9

The Adoptive Acts in force in the District are as follows :—

The Infectious Disease (Prevention) Act, 1890.

The Public Health Acts Amendment Act, 1890. (Part of)

The Public Health Acts Amendment Act, 1907. (Part of)

COMMENTS ON TABLES.

TABLE* I. shows fully the number of Deaths from all causes registered in the District ; the Deaths and Death Rate for 1911 ; the number of Births (corrected) and the Birth Rate for 1911 ; also the number of Transferable Deaths.

TABLE II. shows the number of infectious diseases notified to me in accordance with the Notification of Diseases Act, to be 43, (this is an increase of 14 on the number notified in 1910), also the total cases notified in each "Locality." The "Localities" I have used in this Table are Parishes, and Groups of Parishes which are as nearly contiguous as I could arrange them.

Of the 12 cases of diphtheria 1 was at Little Coates, 1 at Scartho, 1 at Immingham, 5 at Humberstone, 3 at Ashby-cum-Fenby, and 1 at East Ravendale.

The 3 cases of Erysipelas occurred, 1 at Waltham, 1 at Immingham, and 1 at Healing.

Of the 19 cases of Scarlet Fever 1 was at Beelsby, 3 at Healing, 6 at Little Coates, 1 at Irby-on-Humber, 2 at Scartho, 3 at Immingham, 2 at Habrough, and 1 at Laceby.

Of the 9 cases of Enteric Fever 8 were at Little Coates, and 1 at Humberstone.

All the 5 cases of Diphtheria at Humberstone occurred in one house, an isolated cottage, quite a mile from any habitation. I found the disease had been brought home by one of the sons who worked in the Louth Rural District. I removed all the 5 cases to the Grimsby Borough Isolation Hospital, and made a special report on the outbreak to the Council on July 28th, copies of which I sent to the Local Government Board and the Lindsey County Council.

The 3 cases at Ashby and 1 at East Ravendale occurred in school children. I advised the closing of the East Ravendale School and made a special report on the outbreak to the Council on November 7th, copies of which I sent to the Local Government Board and the Lindsey County Council.

All the 6 cases of Scarlet Fever in Little Coates occurred in one house. Of the 8 cases of Enteric Fever in Little Coates 6 occurred in one street.

In all these cases the drains and w.c.'s of the houses were in excellent order, and the water supply was good. After a careful and exhaustive enquiry I found no other likely cause for these cases than the fact that two of the patients had eaten some oysters bought from a hawker, and which at the time were thought not to be very fresh.

Acting on the Council's directions I have supplied Anti-Toxin to the Doctor who notified each case of Diphtheria.

My Council have also decided to pay a fee for a Swab taken, and sent to the County Medical Officer of Health, for Bacteriological Examination, by any Medical Practitioner in attendance on a case of Diphtheria occurring in their District.

Whenever any infectious disease is notified to me, I at once visit and carefully inspect the premises and make enquiries with a view, if possible, to find the cause.

I leave a printed circular giving instructions, in detail, as to the method of isolation, and notify the Sanitary Inspector to supply disinfectants. Where I find there are no means for proper isolation, or for nursing, or where the wages earned are not sufficient to enable the patient to have proper dietetic treatment, I, acting on a resolution of the Council, have the case removed to the Grimsby Borough Sanatorium.

When a case is not removed the Sanitary Inspector is advised, and on its termination he disinfects the premises, bedding, &c.

There is no Isolation Hospital under the direction of the Council in the District at present, but the erection of Joint Hospital with the Cleethorpes Urban District Council is under consideration by both Authorities. In order that I may be able to carry out the Local Government Board's Order with regard to Cholera, Plague and Yellow Fever, the Council have passed the plan of a small hospital for such cases, prepared by the Sanitary Surveyor, a site is in course of selection, and I expect that in a short time the Hospital will be erected, so that as the Riparian Authority at Immingham, the Council will be able to deal effectively with any case that may unfortunately be brought by any ship to that Port.

With regard to Non-notifiable diseases, the County Medical Officer of Health, transmits to me a copy each week of such cases which are reported to him by the Head Teachers of the different Schools. He further issues weekly a statement of all notifiable diseases, which he receives from the Medical Officer of Health of the County—giving a summary of all Infectious Diseases in the different Sanitary Districts. This I consider of great importance, as, by it, each Medical Officer of Health is kept informed of any, and what, infectious diseases are present immediately contiguous to his own district.

TABLE III.—Shows that more than one-half of the deaths registered in the District occurred in people over 65 years of age (39), and children under one year (36). Phthisis accounting for 7, Cancer 7, Bronchitis 8, Pneumonia 7, Premature Birth 9, Diarrhœa and Enteritis 22.

TABLE IV.—*Deals with Mortality in Children under 1 year.*—It will be seen that there were 36 deaths under 1 year of age in the year—a death rate of 150·0. This is a much larger death-rate than there has been for some years.

Nearly one-half of the deaths, viz., 17 were due to Diarrhœa and Enteritis, and 7 to Premature Birth.

In 1910 we had a low temperature and the deaths from Diarrhœa and Enteritis numbered only 3. In 1911 we had a very high temperature and I think it fair to assume therefore that in this high temperature we have the cause of the larger mortality from these causes. The high temperature causes rapid changes in food, and consequent decay in many cases—the result of this is to favour the breeding and production of large numbers of flies, which feed on all kinds of filth and then walk about on the food, wherever it may be and thus infect it.

I am,

Gentlemen,

Yours faithfully,

G. O. MCKANE,

Medical Officer of Health,
Grimsby Rural District Council.

Vital Statistics of whole District during 1911 and previous years.

TABLE I. GRIMSBY RURAL DISTRICT.

YEAR.	Population estimated to middle of each year.	Births.			Total Deaths registered in the District.		Transferable Deaths †		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.		Number	Rate.	Of Non-residents registered in the District.	Of residents not registered in the District.	Under 1 year of age.		At all Ages.	
			Number	Rate.					Number	Rate per 1000	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906	5,597		120	22.4	74	13.6			15	125.0	74	13.6
1907	6,306		176	27.9	95	15.2			18	102.5	95	15.2
1908	6,966		219	31.8	106	15.2			23	105.0	107	15.3
1909	7,718		235	32.8	93	12.0			17	72.3	106	13.7
1910	8,340		255	30.5	117	14.0			30	117.6	129	15.4
1911	10,756	236	240	22.31	124	12.2	3	15	36	150.0	136	12.6

NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1,000 of the estimated gross population. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are to be included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are to be similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, e.g., casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death rate of his district.

The following special cases arise as to Transferable Deaths—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the Mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

Area of District in acres (exclusive of area covered by water), 50,293 acres.

Total population at all ages, 10,553. Number of inhabited houses, 2171.

Average number of persons per house, 4.85. At Census of 1911.

TABLE II.

CASES OF INFECTIOUS DISEASE NOTIFIED during the Year 1911. GRIMSBY RURAL DISTRICT.

11

Notifiable Disease.	Number of Cases Notified.							Total Cases Notified in each Locality.					Total cases removed to Hospital	
	At all Ages.	§ At Ages—Years						Group 1.	Group 2.	Group 3.	Immingham.	Little Coates.		Group 6.
		Under 1.	1 to 5	5 to 15	15 to 25.	25 to 45.	45 to 65.								65 and Upwards.
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous group)	12	2	4	3	1	2	...	...	7	...	1	...	...	5
Erysipelas ...	3	3	1	3	...	1	...	...	1	5	3	6	2	1
Scarlet fever ...	19	...	13	...	...	...	...	...	2	...	...	...	...	...
Typhus fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever ...	9	...	3	3	3	...	...	...	1	...	...	8	...	1
Relapsing fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Under Tuberculosis Regula-	...	...	...	...	...	...	...	...	...	...	...	...	...	...
tions, 1908...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Under Tuberculosis Regula-	...	...	...	...	...	...	...	...	...	...	...	...	...	...
tions, 1911 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Others ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	43	5	21	10	4	3	4	...	11	6	5	15	2	7

NOTES.—State in space below the name and position within or without the district of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent, the accommodation available for the district afforded by it, and the name of the authority by whom the hospital is provided.

* This space may be used for record of other diseases the notification (compulsory or voluntary) of which is in force in the district.

§ These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by enquiry or otherwise, has obtained the necessary information.

Isolation Hospital: Name and Situation—only Borough of Grimsby available. Total available beds—No information. Number of Diseases that can be concurrently treated—No information.

GRIMSBY RURAL DISTRICT.

PHTHISIS: SANATORIUM AND HOSPITAL ACCOMMODATION.

Classes for which accommodation is provided.	By whom provided.	Where situated.	Total number of Beds.	How are patients selected ?	Are patients under the care of a resident Medical Officer ?	What charge, if any, is made for the use of Beds ?	Do the Sanitary Authority use— (1) their Isolation Hospital or (2) their Small pox Hospital, for cases of Phtthisis ?	Do the Sanitary Authority reserve Beds in any Phtthisis Sanatorium ? If so, how many, and in what Sanatorium ?	Do the Sanitary Authority provide for the use of air Shelters or Tents ?
(a) Early cases.									
(b) Intermediate cases.		No provision made in this District.							
(c) Advanced cases									

Have the Council, or any Private Body, provided a Dispensary. If so, give particulars.—No.

G. O. McKANE,

Medical Officer of Health.

February 28th, 1912

GRIMSBY RURAL DISTRICT.

Causes of, and Ages at, Death during Year 1911.

SEE NOTES AT BACK.

Causes of Death. 1	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District (a).										Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District (b). 11
	All Ages. 2	Under 1 year. 3	1 and under 2 years. 4	2 and under 5 years. 5	5 and under 15 years. 6	15 and under 25 years. 7	25 and under 45 years. 8	45 and under 65 years. 9	65 and upwards. 10		
All causes { Certified (c) Uncertified	135 1	36 ...	6 ...	3 ...	6 ...	7 ...	18 ...	20 1	39 ...	1 ...	
Enteric Fever	1	...	...	...	...	...	1	...	...	1
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup (See note d)	2	...	...	...	2	...	...	...	...	...
Influenza	1	...	1	...	...	...	...	...	...	...
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever ... ..	...	...	...	...	...	...	...	...	...	...
*	
Phthisis (Pulmonary Tuberculosis)	7	...	...	...	...	2	3	2	...	...
Tuberculous Meningitis (See note e)	2	...	1	...	...	...	1	...	...	...
Other Tuberculous Diseases	2	...	...	2	...	...	...	...	...	...
Rheumatic Fever	1	...	...	...	1	...	...	...	...	...
Cancer, malignant disease (See note f)	7	...	...	...	...	1	2	2	2	...
Bronchitis	8	2	2	1	...	...	...	1	2	...
Broncho-Pneumonia	2	2	...	...	...	...	...	...	...	...
Pneumonia (all other forms)	7	...	...	...	...	1	1	1	4	...
Other diseases of Respiratory organs	1	...	...	...	...	...	...	...	1	...
Diarrhœa and Enteritis (See note g)	22	17	1	...	1	...	...	1	2	...
Appendicitis and Typhilitis ... ..	...	...	...	...	...	...	...	...	...	...
Alcoholism (See note h) ... ..	...	...	...	...	...	...	...	...	...	...
Cirrhosis of Liver ... ..	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease	2	...	...	...	...	...	...	1	1	...
Puerperal Fever (See note i) ... ..	...	...	...	...	...	...	...	...	...	...
Other accidents and diseases of Pregnancy and Parturition	1	...	...	...	...	...	1	...	...	...
Congenital Debility and Malformation, including Premature Birth (See note j)	9	9	...	...	...	...	...	...	...	...
Violent Deaths, excluding Suicide	6	...	...	...	...	1	3	2	...	...
Suicides ... ..	...	...	...	...	...	...	...	...	...	...
Other defined Diseases	39	4	1	...	2	2	5	10	15	...	
Diseases ill-defined or unknown	16	2	...	...	...	...	1	1	12	...
	136	36	6	3	6	7	18	21	39	1	

* Here should be enumerated any deaths from other diseases than those given above, having public health importance, such as Typhus Fever, Continued Fever, Relapsing Fever, Dysentery, Glanders, Anthrax, and Lead-poisoning.

NOTES TO TABLES III. & IV.

NOTES TO TABLE III.

- (a) All "Transferable Deaths" of residents *i.e.*, of persons resident in the District who have died outside it, are to be *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner to be *excluded* from these columns. For the precise meaning of the term "transferable deaths" see footnote to Table I.
- The total deaths in column 2 of Table III. should equal the figures for the year in column 12 of Table I.
- (b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are to be entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified;" all other deaths are to be regarded as "Uncertified."
- (d) This heading includes all deaths from croup except those certified as due to "spasmodic," "stridulous," "catarrhal," or "false" croup.
- (e) Under "Tuberculous Meningitis" are to be included deaths from Acute Hydrocephalus.
- (f) Under "Cancer" should be included deaths under such headings as Carcinoma, Scirrhus, Epithelioma, Rodent ulcer, Sarcoma, Cancer, and Malignant disease.
- (g) Under this heading are to be included deaths registered as due to Epidemic diarrhoea, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhoea, Choleraic diarrhoea, Cholera (other than Asiatic), Gastro-Enteritis, Gastro-Intestinal Catarrh, Mucro-Enteritis, Colitis, &c. Deaths from Diarrhoea secondary to some other well-defined disease should be included under the latter.
- For "Dysentery" see note at foot of Table III.
- (h) Under this heading are to be included deaths from Delirium Tremens, acute and chronic alcoholism, &c., but *not* those certified as due to organic disease attributed to alcoholism. The number of the latter may with advantage be stated separately, though this statement cannot be included in Table III.
- (i) Under "Puerperal Fever" are to be included deaths under such headings as Pyæmia, Septicæmia, Sepsæmia, Pelvic Peritonitis, Peri- and Endometritis occurring in the Puerperium.
- (j) Under this heading are to be included also deaths from Atrophy and Marasmus of Infants, and want of Breast-Milk, but not from Atelectasis.

In any case of doubtful classification of deaths, the Manual to be issued shortly by the Registrar-General should be followed.

NOTES TO TABLE IV.

- (a) The total in the last column of Table IV. should equal the total in column 10 of Table I, and in column 3 of Table III.
- (b) Under Abdominal Tuberculosis are to be included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.
- (c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, should equal the total in Table III, under the heading Congenital Debility and Malformation including Premature Birth. Want of Breast Milk should be included under Atrophy and Debility.
- (d) For references to the meaning of any other headings, see notes to Table III.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

G. O. McKANE, Medical Officer of Health.

Feb. 28th, 1912.

INFANT MORTALITY DURING THE YEAR 1911. Nett Deaths from stated causes at various Ages
under 1 Year of Age. (See Note (a) at Back of Table III.)

<p> Nett Births in the year </p>	<p> { legitimate, 225. illegitimate, 11. </p>	<p> Nett Deaths in the year of </p>	<p> { legitimate infants, no data. illegitimate infants, no data. </p>
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